

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500747

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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42	/	/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58	/	/				
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60	/	/				
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90		/				
91		/				
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96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	22	←		←		←
TOTAL CLAIMS	26					